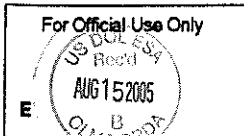


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6240</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>HENRY F. FOLEY</u> P.O. Box, Bldg., Room No., if any Street <u>7 S. JEFFERSON AVE. #1</u> City <u>CANONSBURG</u> State <u>PA</u> ZIP Code + 4 <u>15317</u>	4. Name, file number, and address of labor organization. Name <u>IRON WORKERS LOCAL #3</u> Labor Organization File Number <u>013-253</u> P.O. Box, Building and Room Number, if any Street <u>2201 LIBERTY AVE.</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Henry F Foley

On 8-9-05
Date

724-746-2559
Telephone Number

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <input type="text"/>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>



August 12, 2005

US Department of Labor
Employment Standards Administration
Office of Labor Management Standards
200 Constitution Avenue, N.W.
Room N-5616
Washington, D.C. 20210

To Whom It May Concern:

I have already filed my form LM-30 for the calendar year 2004. However, I recently came upon new information concerning reportable events on my behalf for that time period.

Therefore, enclosed please find an addition to my original LM-30 that was previously sent to your office.

Sincerely,


Henry Foley